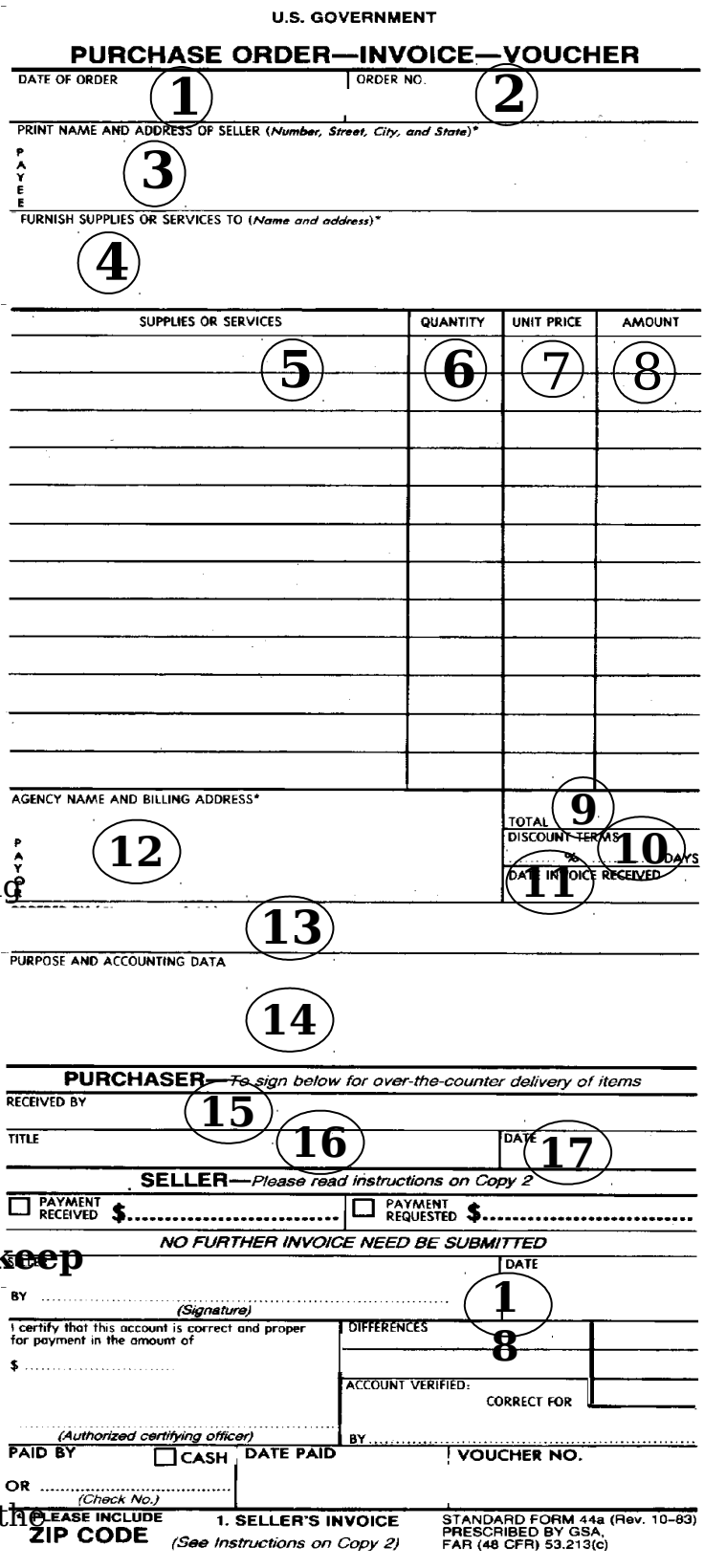
ompleting SF Form 44

lock #
Date (DA 3953 (Purchase Request and Commitment)
Requisition No. (Top of DA 3953)
Name and address of vendor (the store where items are purchased)
Your unit name and address
Individually list items purchased
Number of each item purchased
Cost of each item purchased
Cost of items Blocks 6x7 (in currency purchased)
Total amount of discount given(in currency purchased)
0. Amount of discount given,if any
1. Date purchased made
2. Department of the Army Finance BN TF FALCON, APO AE 09430
3. Signature and title of Field Ordering Officer
4. Account classification (Block 19 on DA 3953)
5. Person authorized to receive supplies or services (i.e. supply NCO Paying agent Cannot be Field Ordering Officer
6. Title of person signing block 15
7. Date purchased
8. Seller (person at the store) signature and date

opies 1 and 3 (white (original) and ink) are for Finance
opy 2 (blue)is for the vendor
opy 4 (green)is for the FOO to keep

o not accept the local currency. The nly currency that is accepted are eutsche Marks and US Dollars

your purchase is made in DM, than DM ill be used throughout the SF 44 except the ock that the Class A Agent uses. hat block will be the US Dollar equivalent.


U.S. GOVERNMENT

PURCHASE ORDER—INVOICE—VOUCHER

DATE OF ORDER 1 | ORDER NO. 2

PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)* 3

PAYEE

FURNISH SUPPLIES OR SERVICES TO (Name and address)* 4

SUPPLIES OR SERVICES 5	QUANTITY 6	UNIT PRICE 7	AMOUNT 8

AGENCY NAME AND BILLING ADDRESS* 12

TOTAL 9
DISCOUNT TERMS % 10 DAYS
DATE INVOICE RECEIVED 11

PAYEE

13

PURPOSE AND ACCOUNTING DATA

14

PURCHASER—To sign below for over-the-counter delivery of items

RECEIVED BY 15

TITLE 16 | DATE 17

SELLER—Please read instructions on Copy 2

☐ PAYMENT RECEIVED $..... ☐ PAYMENT REQUESTED $.....

NO FURTHER INVOICE NEED BE SUBMITTED

DATE

BY ..... (Signature) 18

I certify that this account is correct and proper for payment in the amount of

$ .....

DIFFERENCES

ACCOUNT VERIFIED; CORRECT FOR

..... (Authorized certifying officer)

BY .....

PAID BY ☐ CASH | DATE PAID | VOUCHER NO.

OR ..... (Check No.)

PLEASE INCLUDE ZIP CODE

1. SELLER'S INVOICE (See Instructions on Copy 2)

STANDARD FORM 44a (Rev. 10-83)
PRESCRIBED BY GSA,
FAR (48 CFR) 53.213(c)